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ABSTRACT

Written for women from the three main cultural groups in New Mexico (Native American, Hispanic, and Anglo), this pamphlet discusses the causes and symptoms, some remedies for the symptoms of menopause, and presents ideas for organizing support groups to help middle-aged women and their families deal with menopausal problems. Explanations of the female reproductive system and the role of hormones precede a discussion of common symptoms which some women experience during the menopausal years and some of the misconceptions about negative reactions. Possible treatments to alleviate symptoms include estrogen replacement therapy, Kegel exercises, natural and home remedies, diet and exercise, and proper medical attention. Discussions of birth control include various methods of contraception and sterilization and the possible advantages and disadvantages of each. Based on experiences of the authors with previous groups, steps are given for organizing and conducting supportive workshops which can provide women with knowledge about the realities of menopause. A bibliography and a list of sources for relevant pamphlets are also included. (JD)

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menopause

a self care manual

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santa fe health education project

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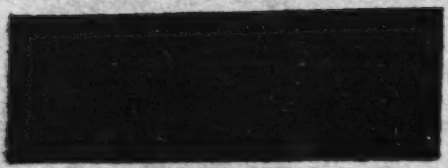

FOREWORD

This book came about through the efforts of many people. The six of us who did the actual writing were supported financially by the Ms. Foundation for Women, Inc., Abelard Foundation, and morally by the many women who have attended and taken part in our workshops. Many thanks go out to all of these women.

In our workshops, we have met with women from the three main cultural groups in New Mexico: Native American, Hispanic, and Anglo. Their backgrounds may have been different, but their experiences with middle age and menopause were very similar. They were all women wanting to know about their bodies and eager to share experiences with other women.

The purpose of this book is to give women the tools needed to organize their own menopause groups, to give support and resources for these women's groups, and to provide knowledge and information about their bodies. It is not our intent to prescribe or give medical advice.

María Cristina López, Judy Costlow, Edith Adams,
Pita Romero, Jeanne Gladfelter, Maggie Morrison
July 1980

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CONTENTS

FOREWORD iii

INTRODUCTION 3

PART I

WHAT IS MENOPAUSE? 7
Definition, surgical menopause, symptoms, misconceptions

ESTROGEN REPLACEMENT THERAPY (ERT) 13
Risks, estrogen creams, Kegel exercises

NATURAL REMEDIES 20
Herbs, vitamins, minerals, home remedies

TAKING CARE OF OURSELVES 26
Diet and exercise, Pap smear, breast self-exam

HYSTERECTOMY 30

BIRTH CONTROL 32
Methods of contraception

STERILIZATION (permanent birth control) 34
Tubal ligation, laparoscopic sterilization, vasectomy

PART II

MENOPAUSE SUPPORT GROUPS 37
Organizing, outline for discussion

MENOPAUSE WORKSHOPS 39
Organizing, outline for workshop

MATERIALS FOR PHOTOCOPYING
Menstruation, definitions and terms 42
Menstrual cycle 43
Menopause, definitions and terms 44
Menopause and Estrogen,
Santa Fe Health Education Health Letter 45

BIBLIOGRAPHY 49

SOURCES FOR INEXPENSIVE PAMPHLETS, ETC. 51

INTRODUCTION

Menopause, a natural phase of a woman's life, has too long been ignored, talked about in whispers, or mentioned with pity and sympathy. It is time for all of us to speak out about menopause. This period of our lives can be frustrating, embarrassing, uncomfortable, and downright unpleasant. It can also be a time to become excited about our future, to be free of the demands and the worry of children, to be relieved of the bother of menstruation. It can be a time of discovery, of realizing our capabilities, and sometimes of embarking on a new career.

The Santa Fe Health Education Project, a private, non-profit, tax-exempt organization, became involved in menopause research and workshops through our monthly, bilingual (Spanish-English) health newsletters. In April 1977, we published a newsletter on "Menopause and Estrogen." The response from women in our state was tremendous. Many women called us seeking more information because, in general, the material available on menopause was inadequate. We were overwhelmed by the intensity of their questions and by their need to talk to other women.

Since information was not available, we thought that the best place to obtain it was from the women themselves. We knew that we could all learn together through research, exploring our own feelings, and discussing the social expectations of middle-aged women in our society.

A training group of six women was organized. The group included both Hispanics and Anglos who had either finished menopause, were going through it, or were about to start. There was a five-week training program that covered all aspects of menopause, with women doing the research and presenting their findings to the other members of the group. They developed skills in group presentations, research techniques, leading discussions of personal experiences, and learning how to conduct workshops for other women. After training, these women went into various New Mexico communities to conduct one-day workshops. This booklet is the result of those workshops.

To broaden our understanding of what women experience during menopause, we prepared a questionnaire. The questionnaires were first distributed at the International Women's Conference (May 1977) in Albuquerque, New Mexico and then to the women in our menopause workshops. We found the results of the questionnaires to be very informative because of the varied ages and backgrounds of the respondents. Answers came from women all over the state with an age span of 40 years between the oldest and youngest. Briefly, we are going to discuss some of the responses

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received from the questionnaires and workshops, and we want to show how the responses reinforced our thoughts that more information and discussion about menopause are needed. Perhaps some of the responses will give you ideas for your workshop.

The questionnaire shows that most of the women who responded had some knowledge about the physiological changes during menopause. When asked, "What is menopause to you?" the main responses were: 1) It is a natural life-cycle; 2) It is the end of childbearing; and 3) It is the end of menstruation. Quite a few referred to the hormonal changes taking place in the body. Their knowledge about the physiology of menopause was very different from their feelings about it. While most of the women understood that menopause is a natural life-cycle that all women go through at a certain time, many of them still had negative feelings about it. A full 30 percent of those responding to our questionnaire said they dreaded menopause or associated it with a crisis, and these feelings seemed to be based largely on the kinds of information they had received.

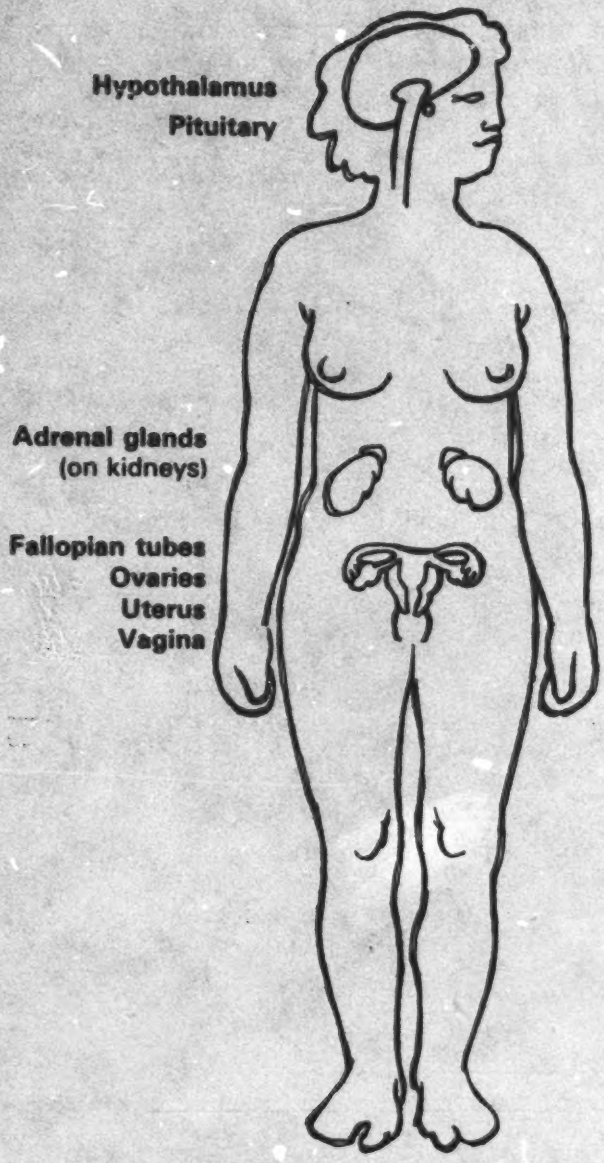
Many women first heard about menopause as young girls from their mothers. Often women had seen their mothers going through menopause and this was their exposure. Other common sources of information were schools and doctors. Some women heard about menopause when they learned about menstruation. Although some of the women said that the information they received was detailed and informative, a majority of the women said that what they had learned was sketchy, and about 25 percent said they had heard very negative things about it. The questionnaire therefore indicates that most of the women who dread menopause do so because of the severe symptoms about which they have heard. However, only 10 percent of the women going through menopause have symptoms severe enough to interrupt their daily routine. Some symptoms may cause discomfort for a while, but are not severe. Many of the symptoms are similar to those some women experience during menstruation. Other women have no symptoms at all. Many women, especially those now going through or having gone through menopause, view this age as a liberating time of life. As one woman put it, "Menopause is the end of the *reproductive* but not of the *productive*. A new freedom!"

We know that sometimes menopause can be a frustrating time for a woman. She may find herself snapping at her family, feeling that she is getting old or displaying some other emotional or physical change. When she speaks to her doctor (often a man who never will go through menopause), she may not find a sympathetic ear. Some women have suggested sitting down with their husbands and

children to discuss menopause. This can be beneficial both to the woman and her family. Others have found the menopause workshops we have held to be a great place to air out feelings, questions, and anxieties.

The workshop discussions are a good time for women to talk about everything having to do with menopause. Dialogue among women who have gone through menopause and those who have not can clarify many questions and alleviate many fears. We hope that with the help of this booklet and the workshops, people will understand that menopause is a natural experience. It can at times cause discomfort, and in some cases severe problems, but it can also be a gratifying and freeing experience. When we asked in our questionnaires if the women thought there was need for more information about menopause, 80 percent answered yes. We hope this booklet will be a first step towards answering the questions, stating the facts, and stimulating thought about this time of life.

Remember, menopause is not the beginning of aging, for from birth onward we are getting older. Some women think of menopause as a blossoming. Margaret Mead, the famous anthropologist, said she had more energy and felt better physically than ever before. She called it PMZ, Post-Menopausal-Zest.



Female Reproductive Organs

PART I

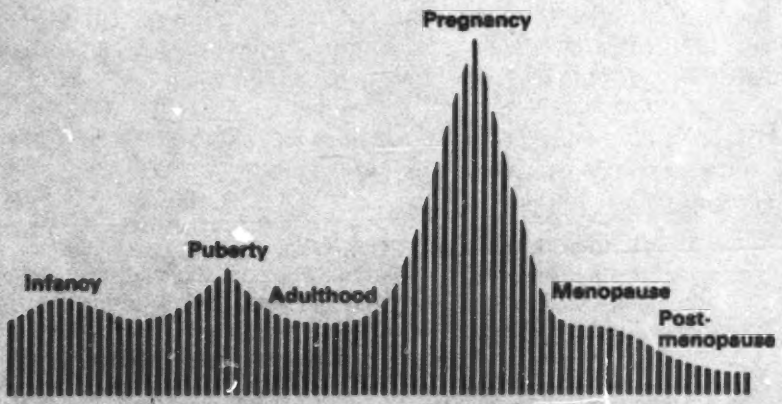
WHAT IS MENOPAUSE?

Definition

Menopause is that period in our lives when menstruation becomes sporadic and eventually ceases, fewer sex hormones (*estrogen* and *progesterone*) are produced, and fertility ends. Menopause is one event that takes place during the climacteric. The climacteric syndrome is the technical name for all symptoms associated with the change in sex hormone levels during a fifteen-year period from approximately age 40 to age 55. It is a natural part of the aging process.

A female is born with the hormone estrogen in her body and as she gets older the level of estrogen begins to build. When a girl reaches the critical weight of 94 to 103 pounds, signals are passed from the hypothalamus to the pituitary gland (located in the brain) which signals the ovaries to start the menstrual periods. The level of the hormone estrogen increases in the body until the late twenties or early thirties and then begins a slow decline. Finally, around age 50, the estrogen reaches a level that is too low to maintain the menstrual cycle. This is menopause.

Estrogen Levels During a Woman's Life



During menopause, a woman's ovaries stop producing a monthly egg, and stop secreting the cyclic supply of estrogen. Her periods become scantier, shorter, and further apart. Sometimes months are skipped between periods. However, an egg is still released occasionally, therefore, birth control is *very important* during this time and for at least a year after periods cease.

As a general rule, a woman is said to have finished menopause after 12 consecutive months with no periods. However, estrogen is still produced in small quantities in the ovaries, the adrenal glands, and at other unknown sites in the body.

Menopause usually occurs between the ages of 48 and 52, but women in our workshops have told us that they began as early as 25 and as late as 60. It is not necessarily true that the younger a woman is when she starts to menstruate, the earlier she will go through menopause. Nor is the opposite necessarily true, that the older she was when she started to menstruate, the later she will go through menopause. Probably the most accurate way to tell when you will go through menopause is to ask your mother when she went through it. If your mother started menopause at an early age, it is likely that you will too.

Surgical Menopause

Surgical menopause, a particular kind of menopause, occurs when a woman's ovaries are removed. Her periods stop and she will begin having menopausal symptoms. Because of the sudden upset in hormonal balance, a woman may be quite uncomfortable until her body adjusts to this change. Women's reactions to the surgery vary, but it seems that women under 35 may have fewer symptoms because their bodies are not yet "addicted" to estrogen. If only one ovary is removed, a woman continues to have periods and does not experience surgical menopause. There is also evidence that if a small amount of ovarian tissue remains, it will produce enough estrogen to allow a woman to go through natural menopause when the time comes.

In a woman over 45 who is having a hysterectomy, it is very common to remove her ovaries as well, even if there is no medical reason for it.

> "The legitimate reasons for removal of the ovaries include: ovarian cancer, which is a relatively rare disease; certain hormone-dependent cancers of the breast and other organs; and highly cystic or otherwise benignly diseased ovaries. In the last instance, however, there is rarely need to remove *both ovaries.*"*

Symptoms

The symptoms of menopause can appear at any time during the climacteric period of a woman's life (those 15 years of hormonal transition). During menopause, 80 percent of women will have one or more symptoms, 10 percent will have severe symptoms that interrupt their daily routine, and 10 percent will have no symptoms at all. There is no way to predict who will have symptoms, or what the symptoms will be. Some of the most common symptoms women experience during menopause are: hot flashes, chills, night sweats, palpitations, dizziness, headaches, pain and/or numbness in legs, weight gain, pimples, fatigue, insomnia, depression, anxiety, nervousness, oversensitivity, forgetfulness, irritability, tearfulness, and lethargy. However, there have been other symptoms mentioned such as itching on the bottoms of the feet, hearing problems, and indigestion, just to name a few. There are only two symptoms that are medically recognized (meaning that they can be observed) and they are: hot flashes and vaginal atrophy. The latter occurs a few years after menopause.

*Seaman, Barbara and Gideon Seaman, M.D., *Women and the Crisis in Sex Hormones*. New York: Bantam, 1978. p. 374.

Hot flashes are intense flushes of heat which sweep over the upper part of the body and last only a few seconds. A red face, red blotches on the face and neck, sweating, and/or a feeling of suffocation are four signs associated with hot flashes. They can occur separately or together, and as many as 30 times a day. They may take place for a few weeks or continue for years. In most cases, they stop within a year or two. Why do women have hot flashes? No one really knows. Some of the theories are as follows:

1. A hot flash is due to vasomotor instability which is a rapid change in the diameter of the blood vessels.
2. There are irregular levels of estrogen and progesterone in the blood stream. Estrogen is known to lower body temperature, progesterone raises it.
3. Hot flashes are caused by too much or too little estrogen or another hormone called Follicle Stimulating Hormone (FSH).
4. Another theory is that of the so-called "habituated cell." An "habituated cell" is one that is addicted to a certain level of estrogen and when the estrogen is no longer at this level, the cell reacts by having a hot flash, which is a kind of withdrawal symptom. This is believed to be the case because when women under 30 years of age undergo surgery that removes the ovaries, the menopause symptoms are not severe. However, women over 35 years of age with this same surgery must be medically treated to overcome these symptoms. Hence it is thought that after age 35, our bodies are habituated or "hooked on" estrogen.

Exactly what happens physiologically during a hot flash, or what causes it are not known.

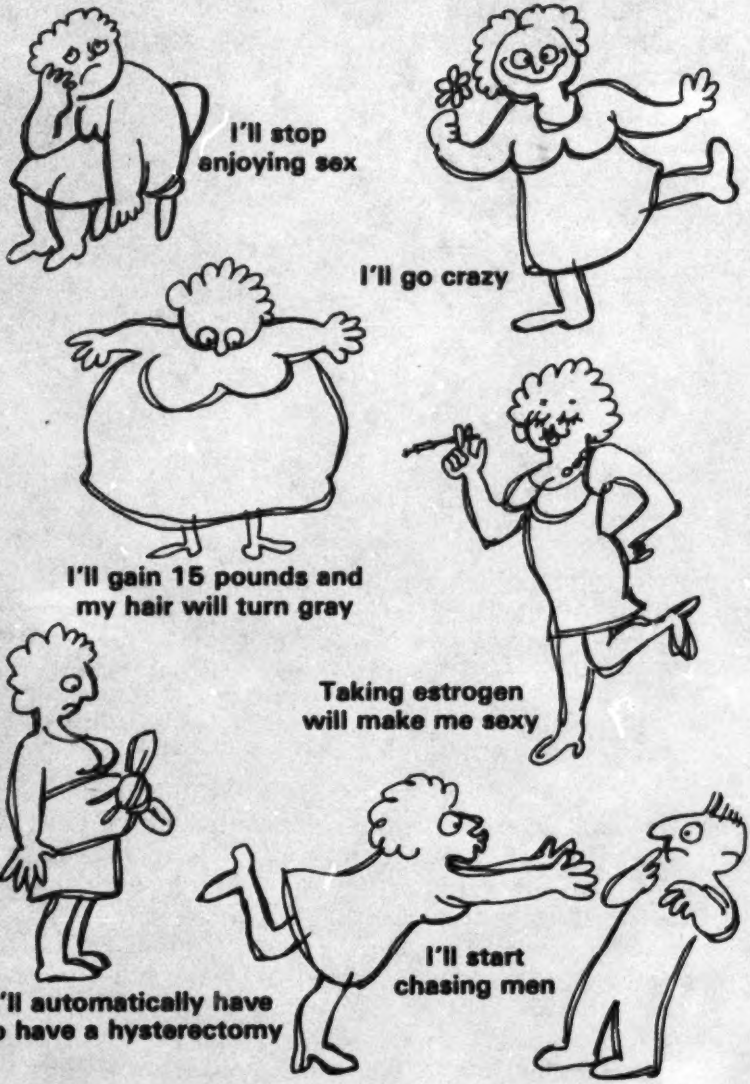
Personal Experience

It was a freezing December night when Emily lay in bed, dreading to get up and go down a long cold hall to an even colder bathroom. Then, she had a hot flash and, all of a sudden, it was very easy to leave her warm bed! For the rest of the winter, she used her night-time hot flashes in this way. It made her friends laugh when she told the story of how she found out that hot flashes are not necessarily all bad!

Vaginal atrophy is the medical term for the changes that may occur in a woman's vagina as she gets older. A decrease in moisture and a loss of elasticity in some cases can make intercourse painful.

Other problems some women may encounter after menopause are *artherosclerosis* and *osteoporosis*. Atherosclerosis, or hardening of the arteries, contributes to heart disease. Usually in women there are no problems with this disease before menopause, but afterwards it is equal to the incidence in men. Osteoporosis is a loss of calcuim in the bones causing them to break more easily. When the bones of an older woman break, they take longer to heal. Osteoporosis is present in 25 percent of women who have finished menopause.

IT'S NOT TRUE THAT . . .


I'll stop enjoying sex
I'll go crazy
I'll gain 15 pounds and my hair will turn gray
Taking estrogen will make me sexy
I'll automatically have to have a hysterectomy
I'll start chasing men

Misconceptions

Following are examples of the most common misconceptions about menopause mentioned by women attending our workshops:

"My aunt went crazy because of menopause."

"Right after menopause I stopped enjoying sex."

"My mother gained 15 pounds and her hair turned gray."

"I thought every woman had a hysterectomy."

"Taking estrogen pills makes me sexy."

"My husband will leave me for a younger woman."

"One of my neighbors began chasing everyone's husband."

TREATMENTS

Estrogen Replacement Therapy (ERT)

ERT is the treatment most prescribed for menopausal women, especially those who may experience hot flashes. Researchers are not sure if a lack of estrogen (one of the female hormones) causes the hot flashes, but they do know that ERT usually eliminates them. It can be prescribed either in pill form or as an injection.

ERT is known to relieve hot flashes, but it probably does not have a direct effect on other symptoms such as depression and nervousness. However, many ERT products contain powerful antidepressants, tranquilizers and/or sedatives and this may be the reason why women feel they get relief from these symptoms. If these drugs are needed, *they should be taken alone.* If your doctor gives you a prescription for menopause symptoms, find out what it is and what are its possible side effects.

For women who take ERT the symptoms of menopause may merely be delayed, and after stopping this treatment, hot flashes, depression, nervousness, etc. are likely to reappear. When this happens the woman may go back to ERT. It is a vicious cycle. Some women have been on ERT for as long as 30 years.

In the last ten years the use of estrogen has almost tripled, as millions of women have been encouraged to take this hormone as a cure-all for the problems associated with aging. This promise of a "fountain of youth" for every woman has made the drug industry $80 million a year richer despite the growing evidence of risks involved in using ERT.

Risks

Three studies in recent years have indicated that women who take estrogen are more likely to develop cancer of the uterine lining (endometrium) than women who do not take it. The normal risk of endometrial cancer in post-menopausal women is one per 1000 women per year. With regular estrogen use, the risk grows to eight per 1000 women per year. After prolonged use of ERT (over seven years), the risk of getting endometrial cancer increases 14-fold. This is a greater risk for older women than breast cancer.

If you are considering ERT, you should be aware of these guidelines:

1. Your doctor should take a careful history and do a thorough physical examination including a Pap smear. There are at least three groups of women for whom ERT is *not* recommended: women who have a family history of cancer, recurrent cysts or blood clots. It is also usually not prescribed for patients with kidney or liver disease, enlargement of the lining of the uterus, and endometriosis or fibroids.
2. Be a partner with your doctor in deciding whether ERT should be started, and how it should continue. Make sure your doctor explains the risks of the treatment, as well as the benefits. If your doctor does not seem cautious with this potentially dangerous drug, seek the opinion of another doctor.
3. Weigh carefully what ERT can do *for* you as opposed to what it can do *to* you. Can you learn to live with your symptoms? If you remember that they will go away eventually, perhaps you can be more tolerant.
4. During ERT, periodic examinations are necessary to check on the effects of the drug, to decide whether the dosage should be changed, and to evaluate the need for continuing therapy. *The aim is to take the smallest dose for the shortest period of time.*

ERT?
Weigh the Advantages and Disadvantages Carefully!

PROBLEM	PROS	CONS
Hot Flashes	Stops flashes	Increases risk of cancer of the uterus. Flashes may return after stopping ERT.
Depression and Nervousness	None	Increases risk of cancer of the uterus.
Osteoporosis (brittle & porous bones)	Questionable	Increases risk of cancer of the uterus.
Heart Attacks	None	Increases risk of cancer of the uterus.
Aging	None	Increases risk of cancer of the uterus.

ERT CREAM?

Vaginal dryness (painful intercourse)	Relieves dryness and itching	The cream is absorbed into body. Risks unknown.

If you are already taking estrogen for menopause, you can help protect your health by being informed, being careful, and following this advice:

1. Ask your doctor if a trial period without estrogen would be advisable for you, or if perhaps a lower dosage would still control your symptoms.
2. The cyclic method of taking estrogen seems to be the best. This means that the woman takes estrogen pills for a 20 to 25 day cycle, then stops taking them for five to seven days. This will help avoid possible harmful effects of prolonged, uninterrupted ERT. If more than a year goes by and your doctor has not suggested a trial period without medication, you should suggest it.
3. Take ERT in pill form instead of the weekly or monthly injections. Side effects that can occur with ERT last longer with injections.
4. During ERT, periodic examinations are necessary to check on the effects of the drug, to decide whether the dosage should be changed, and to evaluate the need for continuing therapy. *The aim is to take the smallest dose for the shortest period of time.*

Personal Experience

Henrietta dreaded menopause because she had always heard bad stories about it and also because it would mean the end of child-bearing, and she had never been able to have a child. At the age of 45, when her periods became irregular and she started having chills and hot flashes, she happened to read an article on Estrogen Replacement Therapy. She asked her gynecologist about it and he prescribed Premarin on a regimen of three weeks on and one week off. Within a week, the chills and hot flashes stopped. Henrietta continued to take Premarin for the next fifteen years. She tried to stop four different times, but her symptoms were so severe that she went back to it. Later she read about the danger of uterine cancer from ERT and, on her 60th birthday, decided to stop once and for all. The chills and hot flashes returned, but now, after six months, are slowly lessening.

Personal Experience

Alma gave birth to her third and last child at age 40 and went back to work right away. Her periods resumed their normal flow, but she soon began having severe hot flashes. She also had trouble sleeping at night and describes her worst symptom as "feeling as though I had an irritant in my blood stream that made me feel prickly all over." Alma's gynecologist did not at first think she was going through menopause, but he gave her an estrogen level or fertility test (she's not sure which kind) and was convinced. He started her on Premarin in a cycle of three weeks on and one week off medication. After about six weeks, Alma noticed that all her symptoms had eased up. She continued to take Premarin for about four years. Her physician was very cautious and conservative and always decreased dosage whenever symptoms lessened. By the age of 45, all symptoms, as well as monthly periods, had ceased. Alma is now 62, and says that she has never had a recurrence of any of her symptoms.

Estrogen Creams

Women who are having vaginal discomfort during intercourse due to dryness and thinning of tissue can use estrogen creams and suppositories. This form of estrogen although not taken orally, can still be absorbed into the system of the woman or her partner and its long-term effects on the body are not known. Therefore, as with all estrogen products, it should be used cautiously.

Some women use K-Y jelly or cocoa butter as lubricants during intercourse to alleviate pain and irritation.

Vaginal atrophy can be prevented. The vagina is a muscle, and like any other muscle it needs to be exercised to keep its tone. Included in this section is a series of exercises that women can begin early in life to prolong their enjoyment of intercourse.

KEGEL EXERCISES

These exercises are recommended to help prevent dryness of the vagina and to increase enjoyment of intercourse at any age. All the exercises may be continued indefinitely.

How To Do Them

First to identify the *pubococcygeus* (PC) muscle you are trying to strengthen:

Sit on the toilet. Spread your legs as far apart as possible, and start and stop the flow of urine. The PC muscle is the only one that can accomplish this while in this position.

Once one learns where the muscle is, the Kegel exercises can be done during daily activities such as driving an automobile, sitting, doing dishes, watching television, or lying in bed.

Exercise 1

Contract the PC muscle, hold for three seconds, relax and repeat the process. These may be done as often during the day as desired, but approximately 90 contractions (six one-minute periods each day) are recommmended. With too strenuous exercise, the PC muscle can become sore. If this happens, either stop doing the exercises for one or two days until the temporary soreness disappears and resume, or reduce the number done per day and then gradually increase.

Exercise 2

Contract and release the PC muscle very rapidly, 25 to 50 times a day (ten contractions at a time). Although the contractions during orgasm are much more rapid, this exercise approximates what the PC muscle does during orgasm.

Exercise 3

This exercise involves bearing down as though trying to expel a baby during labor. With this exercise, it has been demonstrated that the blood supply to the genitals increases, with a consequent increase of lubrication in the vagina.

For three seconds (holding to a count of three), bear down, relax, and repeat. Do the same number daily as in Exercise 2.

Exercise 4

Raise the entire pelvic area as though sucking water into the vagina. Insert a finger and feel the vagina drawing it in. Do the same number daily as in Exercises 2 and 3.

NATURAL REMEDIES

When a woman with menopausal symptoms goes to see her doctor, chances are that she will come away with a prescription for some form of ERT. Nowadays, however, the safety of this kind of treatment is in question and many women are looking for other ways to get relief. Some of these ways are sensible diet and nutrition, old-fashioned herbal remedies, vitamin therapy, and glandular extracts. A woman can try them on her own, or she can consult a specialist who will set up a program just for her. Specialists who do this kind of work are *curanderas*, herbalists, nutritionists, biochemists, chiropractors, naturopaths, and homeopaths.

Herbs

Over the years, many cultures have used, and are still using, herbs for menopause symptoms. We have found the following listed for that purpose: black cohosh, damiana, *dong quai*, cramp bark, *Fo-ti-tieng*, *ginseng*, golden seal, licorice root, red raspberry leaves, sarsaparilla, and *yerba buena* (spearmint). In New Mexico, herbs are often taken in threes, in the belief that such a "trinity" has special powers. *Curanderas* prescribe this trinity for hot flashes: *yerba de zorillo, escoba de la víbora,* and *yerba del manso*. Herbalists elsewhere also work with combinations or blends, and so do companies that distribute natural remedies.

Special mention should be made of *ginseng*, a powerful herb that has been used in China for 4,000 years and also is known to American Indians. It is considered to be a kind of "regulator" which helps the body adjust to unusual conditions, such as heat. It can help with hot flashes, especially when taken with Vitamin E. However, since *ginseng* is very expensive and is sold in a confusing number of products, always buy from a trustworthy store where you can ask for advice on dosages. We also recommend reading labels carefully. *Dong quai* and *Fo-ti-tieng* are other oriental herbs used for female problems, including hot flashes.

Some people recognize and gather wild herbs, while others grow their own. Both methods are good for freshness and economy. Another alternative is to buy them in health food or herb stores.

Herbs are sold both in dried form for making teas and powdered in capsules. Some herbalists say that the capsule is better because not all of the ingredients in an herb dissolve in water (as when brewed in a tea). Also, many people prefer to avoid the bother of brewing tea, or they may not like the taste. On the other hand, the herbs in capsules are not as fresh, and therefore not as powerful as the dried herbs.

Vitamins and Minerals

The following recommendations on vitamin therapy for menopause symptoms have been adapted from the book, *Women and the Crisis in Sex Hormones*, by Barbara Seaman and Gideon Seaman, M.D., articles in *Prevention Magazine*, and the books of Adelle Davis. One hears of very high dosages of vitamins given to menopausal women by specialists, but *remember*, these patients are closely supervised. For the woman taking vitamins on her own, it is wise to be conservative.

Vitamin E: For hot flashes, take 100-600 units per day, taken after a meal containing some fat. Start with 100 units and gradually increase to 600. Women with diabetes, high blood pressure, or rheumatic heart should not take over 100 units. *People taking digitalis should not take any at all without a doctor's supervision.*

Vitamin E and *ginseng* taken together may give better results than vitamin E taken alone. Take *ginseng before* meals and vitamin E *after*. Do not expect immediate relief; allow 2-6 weeks.

Natural sources of vitamin E are whole grain bread and cereal, wheat germ (the part of the wheat discarded in milling white flour), nuts, and safflower and wheat germ oils.

Vitamin B Complex and C: This balanced combination of the B vitamins and vitamin C is described as a "stress formula." One or two tablets a day are taken after meals.

For hot flashes, add a separate C complex (Bioflavanoids) in 500 mg. tablets twice daily after meals.

Natural sources of vitamin B (there are more than 15 B vitamins): whole grain breads and cereals, liver, brewer's yeast (produced as a residue in beer making), and wheat germ.

Natural sources of vitamin C: citrus fruits, bell peppers, rose hips (seed pods of wild roses), broccoli, strawberries.

Natural sources of C complex: white inner skin of citrus fruits.

Calcium: Take 600-800 mg. daily, along with vitamin D. This is taken because most women suffer loss of bone density with aging *(osteoporosis)*.

Natural sources of calcium: milk and milk products (yogurt, cheese, buttermilk), beets, chard, endive, kale, mustard.

Natural source of vitamin D: sunshine.

Tryptophan, one of the essential amino acids, is available in tablets. It seems to work well for insomnia and depression.

Natural sources of tryptophan: milk, meats, and other complete proteins.

Kelp tablets are made from pressed seaweed. One per day provides the average iodine requirement. For some women, higher doses seem to relieve menopause symptoms.

A multi-vitamin-mineral supplement taken several times a week is good for general health. Sources of minerals and trace minerals: whole grain breads and cereals, raw vegetables and fruits, nuts, organ meats, shellfish.

Home Remedies To Try For Menopause Symptoms

For hot flashes

1. A tea from the following three New Mexico herbs: *yerba de zorillo, escoba de la víbora, yerba del manso.* Bring ½ gallon of water to a boil. Add 2 tablespoons of dried leaves of each herb (or ¼ cup of each of the fresh plants, leaves, stems, and roots). Boil 2-3 minutes. Set aside covered for 10 minutes. Strain. Drink a cup 3 times a day.
2. A tea brewed in the same way from 2 tablespoons of alfalfa seeds to a pint of water. Drink 3 times a day with lemon. For economy, the same seeds may be used for a second brewing.
3. Dissolve a cup of table salt in a tub of warm water. Lie in it until the water cools. Rinse with cold water and go to bed right away.

These three recipes are from Mrs. Gregorita Rodriguez, *Curandera,* Santa Fe.

Tonics

1. A tea brewed from wild or sweet marjoram, an ounce in a pint of hot (not boiling) water. Cover. When cool, strain and add a large glass of port wine. Take one tablespoon before meals 3 times a day.
2. A tea brewed from 2 parts each of motherwort and red sage, and 1 part each of tansy, pennyroyal, and skullcap. Take ½ teaspoon in a little lukewarm water before meals 3 times daily.

Recipes for these two tonics: Powell, Eric P. *The Modern Botanic Prescriber.* London: Fowler, 1965.

3. A tea brewed from black cohosh, sweet flag, licorice root, star root (*aletris farinosa*), black haw, cramp bark (*viburnam opulus*), squaw weed (false valerian), and motherwort. Take 1 cup during the day with a meal.

From: Bethel, Mary. *The Healing Power of Herbs.* London: Thorsons, 1968.

For nervousness and/or sleeplessness

1. A tea brewed from a mixture of catnip, valerian, camomile, skullcap, lady slipper, peppermint.

From: Bethel, Mary. *The Healing Power of Herbs.* London, Thorsons, 1968.

2. Any one of the following brewed separately as a tea: camomile, skullcap, passion flower (*passiflora incarnata*), tilia flowers. Valerian root in capsules.
3. "Sleepy Time Tea," a blend found in health food stores.
4. Calcium tablets taken at bedtime with hot milk.
5. Tryptophan, one of the essential amino acids. Tablets are for sale in health food stores. They are expensive.
6. Sleeping on a pillow stuffed with dried hops.
7. "Calms," Hyland herbal tablet blend (passion flower, hops, camomile).

Commercial natural remedies sold in health food stores or pharmacies: Solar Brand herbal blends, Hyland's Homeopathic tablets, Lydia Pinkham's pills and tonics, Nutri-Dyn and Search Labs (brands of multi-glandular formulas).

The following people were very helpful in providing information for this chapter:

Glenn Blick, Clinical Nutrition Associates, Albuquerque
Michael Moore, Herbs, Etc., Santa Fe
Karl Robinson, M.D., Homeopathic Physician, Santa Fe
Gregorita Rodriguez, Curandera, Santa Fe
Mary Romero, Vitality Unlimited, Santa Fe
Anne C. E. Thompson, M.D., Santa Fe

TAKING CARE OF OURSELVES

Diet and Exercise

A good beginning for every middle-aged woman is a balanced diet. At this time of life she should eat more fiber and fewer starches, sweets, and fried foods. Fiber is found in bran, raw fruits, and vegetables (including the skins), and whole-grain breads and cereals. A woman should be aware of her vitamin and mineral intake. If her diet does not provide enough, she can take supplements. Regular exercise, at least three times a week, is also recommended. A brisk 30-minute walk or some other moderate exercise, such as swimming, can make a woman feel better and improve her health.

Pap smear

Cervical cancer is the second most common cancer in women. It may occur at any age, but it occurs most often between the ages of 45 and 50.

Cancer of the cervix can be detected by a Pap smear, which is named for Dr. Papanicolaou, who developed the test. Since cancer of the cervix does not progress as rapidly as breast cancer, a Pap test once a year is adequate. For younger women (ages 20 to 40) with a normal Pap reading, a Pap test every two to three years is sufficient.

During a Pap, tissue is gently scraped from the cervix and tested for cancer in a laboratory. Do not douche before any type of vaginal examination, so that the appearance of the vagina is not changed. You should not have a Pap smear when you have a vaginal infection or during your period, because the results are affected by these two conditions.

It is common practice for clinics and private doctors to notify a patient only if the results of the Pap smear are *not* normal (positive).

The results of a Pap smear fall into five classifications:

Class 1 Absolutely normal (negative)

Class 2 Not quite normal; because of infection or any other irritation. Repeat Pap in three to six months.

Class 3 Intermediate: cells are abnormal, but not necessarily malignant. Repeat Pap in three to four months. If same class persists, biopsy should be done. Some doctors will do a biopsy immediately, but others take a wait-and-see attitude.

Class 4 The cells look suspicious for *localized* cancer. Biopsy should be done.

Class 5 Almost always cancer

Don't panic if your Pap smear is positive. Remember, cervical cancer grows very slowly and you have plenty of time to consider all the possibilities.

Uterine Cancer

There is no screening test for uterine cancer. Abnormal bleeding can be a symptom, but is not always one. To be on the safe side, if abnormal bleeding occurs, see your physician for a check-up.

A woman in tune with her body is the best judge of any changes in her body!

Breast Self-Exam

One-fifth of all cancer in women is breast cancer. In nine cases out of ten, when the disease is treated before it spreads (called *metastasis*) into the nearby lymph nodes, there is no recurrence. The bugaboo here is that, in six out of every ten cases, this spreading occurs within a month after the cancer is detected. **An annual breast exam by a health professional is not enough.** It is the woman herself who is more likely to find an abnormal condition through regular breast self-exams. If an abnormality is found, treatment should begin immediately. The longer a woman waits, the grimmer the picture becomes.

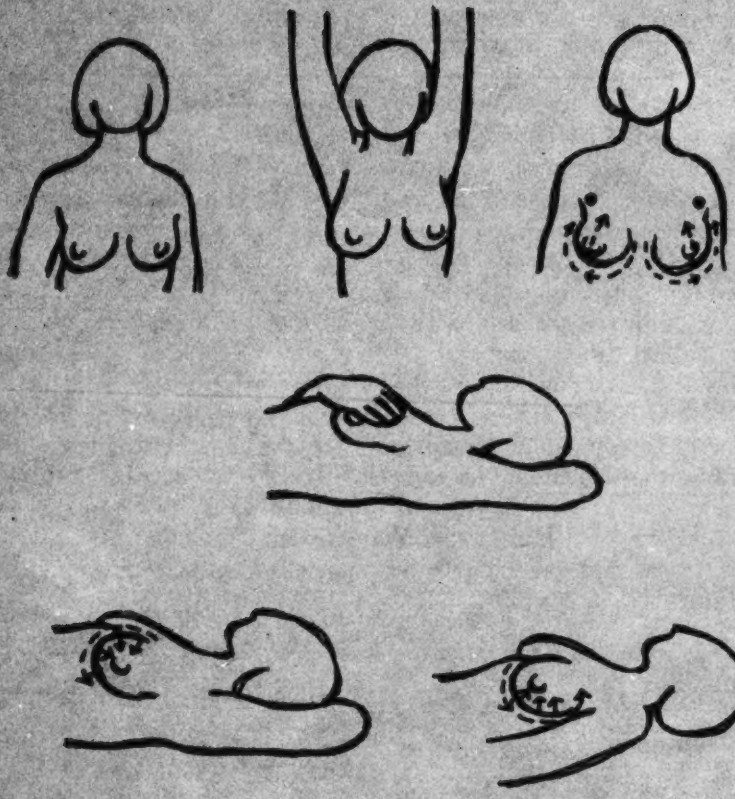
How To Do It

The key to examining your breasts is to do it regularly. Once-a-month is usually suggested, and the week after your period is the best time. Then your breasts are not swollen or tender. They feel and look different at different times in your menstrual cycle. For post-menopausal women or after a hysterectomy, choose one day a month for a breast self-exam and mark it on your calendar.

To examine your breasts, first stand in front of a mirror and look at their size and shape. A woman's breasts are rarely the same size. Raise your arms above your head and look for any bulging, flattening or dimpling of the skin. Place your hands on your hips and press down firmly. Make the same inspection. Are there any changes in the nipples? Are they red or scaley? Sore or hard? Gently squeeze the nipples to see if there is any discharge. See your doctor if you notice anything unusual.

Now lie down. To examine your right breast, place a pillow or folded towel under your right shoulder. Now put your right hand behind your head. This helps spread the breast tissue more evenly. With the left hand, fingers flat, examine the right breast, making gentle massaging circles as you slide your hand along. Continue until you have covered the entire breast. Do the same to the left breast; this time with the pillow under the left shoulder and left hand behind the head and using the right hand for the exam. Pay special attention to the area between the nipple and the armpit. This is the most common location of lumps.

Women who suspect that they have breast cancer are often afraid to face it and delay seeking medical help. *This delay can be fatal.* However, it is important to know that only one breast tumor in four is malignant.



Mammograms

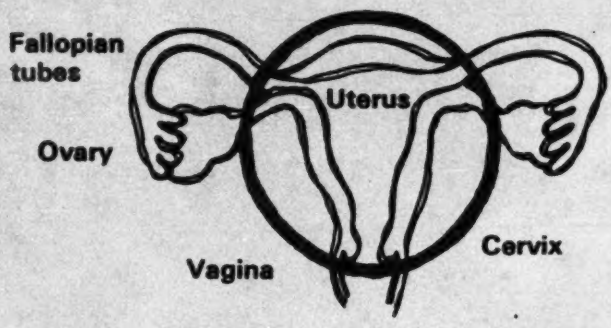
Mammograms are used to aid in the diagnosis of breast cancer. A mammographic examination consists of two x-ray films taken of each breast. The amount of radiation exposure that you get from a mammogram is about five times that of a chest x-ray. Since breast tissue is very sensitive to the risks of radiation, a woman should be sure of the benefits before she exposes herself to mammography.

HYSTERECTOMY

You may wonder why we included a chapter on hysterectomies in a book about menopause. During one of our workshops, a woman in the group asked why hysterectomies had not been discussed. She said, "I thought every woman had to have one as part of menopause." This misconception astonished us and made us see that the subject needed to be covered in our menopause workshops.

The word "hysterectomy" is often used but not always understood. A *partial hysterectomy* is removal of the uterus, but the cervix, ovaries, and tubes remain. A partial hysterectomy was once the preferred operation, but it is rarely done now. Instead, a *complete hysterectomy* is performed. The only difference between them is that the cervix is also removed in the *complete*. After both operations, ovulation continues to occur each month, but menstruation stops and a woman can no longer get pregnant. Regular Pap smears are still necessary. If the ovaries and Fallopian tubes are also removed, surgical menopause occurs.

There are many things to consider and question before a woman agrees to a hysterectomy. She needs to understand that a hysterectomy is major surgery and carries such risks as problems with anesthesia, shock, or hemorrhage. Also, its long-range effects on the health and longevity of a woman are not known. In a year, ten times as many women die from hysterectomies as from cancer of the uterus or cervix.*



Complete Hysterectomy

*Boston Women's Health Book Collective, *Our Bodies, Ourselves*. 2nd ed. New York: Simon and Schuster, 1976.

Along with the physical risks involved in this surgery, some women experience strong psychological reactions. A woman may suffer sorrow and depression at the loss of "feminine" body parts and need psychiatric counseling to help her through this period.

As in any surgery where part of the body is removed, a woman should never agree to it without first obtaining a second medical opinion. It is also important to talk it over with family and friends. If the woman feels that it may be helpful, she has the right to take a friend with her to the medical consultation.

Today in this country, there are close to half a million hysterectomies performed each year. Are they all necessary? There is concern that some of these operations, especially those performed on younger women, are unnecessary surgery. Unfortunately, some gynecologists perform hysterectomies for the purpose of sterilization or to forestall what they may consider to be future problems. The rationale behind this practice is that if a woman has "enough" children, she doesn't "need" a uterus and if the uterus is taken out, she won't have to worry about getting uterine cancer. A woman who is considering sterilization should find out about the alternatives available. Tubal ligation, for example, is less expensive and far less dangerous than a hysterectomy. **A hysterectomy should never be used for simple sterilization.**

Reasons to Have a Hysterectomy

1. Cancer of the cervix or of the lining of the uterus.
2. Many large fibroids (benign tumors) on the uterus.
3. Heavy bleeding that does not respond to hormone treatments or to a D&C (Dilation and Curettage—the scraping out of the lining of the uterus), or when these treatments cannot be used for a particular woman.
4. When the tubes or ovaries are diseased and the uterus must also be removed.
5. Cancer of the uterus.
6. Complications in childbirth requiring removal of the uterus to save the mother's life.

Can You Become Pregnant During Menopause?

Yes, it is possible for a woman to become pregnant during menopause. Although her periods may be scanty and irregular, an egg is still released occasionally. The medical approach to middle-aged pregnancy is essentially negative, stressing risks of complicated pregnancies and birth defects. However, many pregnancies of middle-aged women are happy experiences. Early prenatal care, a good diet and exercise are the best insurance for a safe and happy pregnancy and birth at any age.

Personal Experience

Jeanne was 40, and her children were 16, 13, 11, and nearly 9 when her youngest child was born. She had not planned on having more children and when she found out she was pregnant again, after all this time, she was quite dismayed. At first, all she could think about was 'starting over' with diapers, night feedings and being tied down again. She had gone to work as a substitute teacher after her youngest child entered second grade and she was enjoying her new-found freedom and the luxury of earning extra money. Having another baby now meant an end to this new way of life and a return to daily child-care. After a few weeks of feeling sorry for herself and looking at the 'work and bother' aspect of having a new baby, a strange thing happened. She began to look at the positive things a new life brings into a home — a new beginning, being needed, a new life to love and care for, another chance to try to do better at parenting, the first smile, the first tooth, sitting, crawling, the first step. She began to feel excited and happy at the prospect of a new little one to love. From that time on the pregnancy was a happy time of planning and waiting. Jeanne decided to give up her outside activities and really concentrate on enjoying this 'last' child. When Jeanne's child, a girl, was born, the whole family pitched in to help and the homecoming was a happy occasion. The older children had cleaned the house and set the table for a party with a freshly-baked cake as a centerpiece. The baby was a happy, healthy child who fit right into the family as if she had always been there, and the other children loved helping out with her. Jeanne's 'late' baby turned out to be a blessing for her and her entire family.

For women who do not want to get pregnant, continued use of birth control for at least one year after menstruation stops is recommended.

Birth control for the middle-aged woman is a subject which has been neglected; most of the emphasis today is on contraceptive methods for young women.

Methods

The Diaphragm can be very effective if it is fitted correctly and used properly. Many women are choosing this method of birth control because of the absence of serious side effects.

Rhythm and other methods of natural birth control, such as the **Billings method**, are thought to be less effective during the menopausal years because the changes taking place in the menstrual cycle make it more difficult for a woman to know when she is ovulating.

The Condom, a male contraceptive, is reliable if used correctly.

Not Recommended

The Pill sharply increases the risk of heart attacks in women over 40. Women on the pill cannot tell whether menopause has begun because they continue to menstruate.

The Intrauterine Device (IUD) may cause bleeding or spotting. Since these are also symptoms of uterine cancer it is important not to mask them in any way.

Sterilization (Permanent Birth Control)

A Tubal Ligation or "tying the tubes" is an operation which involves general anesthesia, an incision in the lower abdomen, and several days of recovery in the hospital. During this operation, a piece of each Fallopian tube is cut out and the ends are tied.

Laparoscopic Sterilization is another method of sealing the Fallopian tubes, and it is a faster and cheaper surgical procedure than the tubal ligation. It is performed in a hospital, under general anesthesia, but takes only 15 minutes, and if all goes well the woman can leave the hospital in a few hours. Because such small incisions (two) are made, it is sometimes called the "Bandaid" method.

In one out of 200-500 tubal ligations and laparoscopic sterilizations, the tubes remain open, and the woman may become pregnant. At the same time, a woman should not undergo this operation thinking it is reversible (that the tubes can be put back together), for it has been almost impossible up to now to repair the tubes. A sterilization is a difficult procedure. It is therefore essential for a woman to choose a doctor who has had considerable experience with this operation.

Vasectomy is a sterilizing procedure for men. This operation is usually performed in a doctor's office under local anesthesia, and it takes about 15 minutes. An incision is made on each side of the scrotum. The *vas deferens* (the tubes through which the sperm travels) are then cut and the ends are tied. The man can leave the doctor's office after a short rest.

References:

McCauley, Carole Spearin, *Pregnancy After 35*. New York: Pocket Books, 1976.

Montreal Health Press, editors, *Birth Control Handbook*. 12th ed. rev. Montreal: Montreal Health Press, 1975.

Rose, Louisa, ed., *The Menopause Book*. New York: Hawthorne Books, 1977.

"Smoking and the Pill," *Newsweek*, April 11, 1977. p. 65.

PART II

This section is a step-by-step approach for women who want to organize menopause support groups and workshops. We have included outlines, definitions and other information that can be easily photo-copied for handing out.

MENOPAUSE SUPPORT GROUPS

Steps to follow in organizing a menopause support group:

Step I

Find the interested women in your community. Begin with a small number (four to seven women).

A. Women who have already gone through menopause and are willing to talk about it

B. Women who are going through menopause now

C. Women who are interested in educating themselves even though they are not near menopause

Step II

Points to be covered at the first meeting:

A. What do people want to know?
   1. Physiology of menopause
   2. Treatments
   3. Feelings
   4. General health during the middle years

B. How do we get the information?
   1. Speakers
   2. Doctors and nurses
   3. Through our own reading and sharing of experiences

C. When, where, and for how long do we want to meet?
   (We met in our homes two hours each week for a total of five weeks.)

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e original document was blank.

The following outline was used by our support group. We include it as a guide. The needs of every community are different.

OUTLINE FOR DISCUSSION

Session I — General Discussion

A. Use the following questionnaire to stimulate discussion. There are no right or wrong answers.
   1. What is menopause?
   2. Where did you first find out about menopause?
   3. Have you started or already gone through menopause?
   4. What are the symptoms of menopause?
   5. What feelings do you have about menopause?
   6. Does your family know about menopause?
   7. What would you like to know about menopause?
   8. If you are going through menopause now, or have already gone through it, did you use estrogen therapy or other therapies?

B. Before the next meeting everyone should go to the local library to find out what books are available on menopause in your community. The books listed in our bibliography are some of the best. There are many older books on menopause which are not good. Be wary!

Session II — Physiology of Menopause

A. Talk about the menopause books in your local library. If they are out-of-date, ask the librarian to order some newer ones. Most librarians want suggestions from people on books to order.

B. Physiology
   1. Menstruation: Describe an average 28 day cycle.
   2. Menopause:
      a. Physical description
      b. Symptoms

C. Assignment for the next session: Read "The Crisis Couples Face at Forty," by Gail Sheehy. *Reader's Digest*, March 1977.

MENOPAUSE WORKSHOPS

At the end of the support group meetings, we felt that we had learned so much that we wanted to share our knowledge with other women. We decided to hold a menopause workshop. Each member of the support group chose a topic, such as ERT or Birth control, and that was her responsibility in the workshop. Follow these steps in setting up a workshop:

I. Pick a date that is far enough in advance to do publicity.

II. Find a place to hold the workshop.
   A. community center
   B. church
   C. school
   D. clinic

III. Do the publicity for the workshop.
   A. make posters and distribute around the town
   B. prepare radio announcements
   C. put an announcement in the local papers
   D. send out invitations
   *E. go to various club meetings to invite the members

IV. Gather and prepare materials
   A. bibliography (use locally obtainable books)
   B. outline of the workshop
   C. diagrams
   D. definitions
   E. printed materials

V. Be flexible: During the workshops women need to talk. Allow for this in your time plan.

Session III — Treatments for Menopause

A. Discuss Gail Sheehy's article.
   1. What is the central theme?
      (Women turning outward and away from the family, and men turning inward toward the family).
   2. Have you ever felt this way?

B. Treatments
   1. ERT
   2. Tranquilizers
   3. Natural remedies

C. Assignment for the next meeting: Try to find out more information about these therapies. Ask doctors, nurses, or friends.

Session IV — Hysterectomy and Preventive Care

A. Discuss what each woman found out about the various therapies.

B. Hysterectomy

C. Contraception

D. Preventive Care
   1. Breast self-exam
   2. Pap smears and their importance in detecting cancer of the cervix.

Session V

General discussion of menopause: What was learned, subjects for further study, and ways to start other groups.

OUTLINE FOR MENOPAUSE WORKSHOP

I. Discussion of personal experiences
   A. What is menopause?
   B. When do women first find out about menopause and from whom?
   C. What are the symptoms of menopause?
   D. What are your feelings about menopause?
   E. What would women like to know about menopause?

II. Physiology
   A. Menstruation: Describe a 28 day cycle.
   B. Menopause
      1. Physical description
      2. Symptoms

III. Menopause treatments
   A. Estrogen Replacement Therapy
   B. Herbs
   C. Vitamin therapy
   D. Home remedies
   E. Kegel exercises

BREAK — TIME TO RELAX

IV. Taking care of ourselves
   A. Diet and exercise
   B. Breast self-exam
   C. Pap smears

V. Hysterectomy

VI. Birth Control
   A. The importance of birth control
   B. Description of the various methods
   C. Sterilization

VII. A question and discussion period

45

MENSTRUATION

Definitions

The menstrual cycle is the time it takes a woman's reproductive system to ready itself for the growth of a baby.

The menstrual cycle is the time of regular physiological changes in the lining of the uterus which ends in the shedding of its lining.

Reproductive System terms:

Ovaries (2). Where the eggs are produced, as well as the hormones, estrogen and progesterone.

Fallopian Tubes (2). The egg is fertilized here and travels to the uterus through these tubes.

Uterus. Where the baby grows, the womb.

Cervix. The canal through which the menstrual blood and the baby pass.

Vagina. Sperm is deposited here for travel to the egg.

Pituitary Gland. It is at the base of the brain and secretes two hormones (*FSH* and *LH*) that play important parts in the menstrual cycle.

Hypothalmus. It is also in the brain and helps regulate the menstrual cycle.

THE MENSTRUAL CYCLE

The first day of one period until the first day of the next period is the length of the menstrual cycle. The "average" length is 28 days, with some women having shorter or longer cycles.

Day 1 to Day 5 (menstrual period)

A. Cycle begins with the shedding of the inner lining of the uterus
B. Estrogen and progesterone levels are low in the blood stream
C. The hypothalamus stimulates the pituitary gland to release hormone FSH (Follicle Stimulating Hormone) and LH (Luteinizing Hormone)
   FSH makes an egg in ovary start to mature
   LH stimulates ovaries to start to make estrogen

Day 6 to Day 13

A. Estrogen makes lining of uterus thicker
   Changes mucus in cervical canal, so it is easier for sperm to enter uterus
B. On day 12 FSH and LH production increases
   Egg sticks out on ovary

Day 14—Ovulation

A. A sudden burst of FSH causes ovary to release egg
B. The fringed end of Fallopian tube draws egg into tube
C. The place where egg came off ovary changes to a hormone secreting gland called *corpus luteum*.

Day 15 to Day 25

A. *Corpus luteum* secretes the hormone progesterone
B. Progesterone and estrogen cause more growth to lining of uterus
   Production of FSH and LH slows down
C. If egg is fertilized, it plants itself in lining of uterus
D. If fertilization does not happen, the *corpus luteum* breaks down

Day 26 to Day 28

A. Estrogen and progesterone fall to low level
B. Lining of uterus breaks down and menstrual flow begins

MENOPAUSE

Definition

That period in a woman's life when menstruation stops, fewer sex hormones (estrogen and progesterone) are produced and fertility ends.

Signs that Menopause is Near

1. Periods may be further apart and shorter
2. Periods may be regular until they come to an abrupt stop
3. Periods may get shorter and flow longer and heavier

Symptoms Directly Related to Menopause

1. Hot flashes
2. Decrease in moisture and elasticity of the vagina

Other Symptoms

Night sweats, palpitations, dizziness, headaches, swollen ankles, weight gain, insomnia, depression, anxiety, nervousness, oversensitivity, forgetfulness, irritability, tearfulness and lethargy

Only after 12 consecutive months without a period can we safely say menopause has taken place.

Treatments

1. Estrogen Replacement Therapy (ERT)
2. Herbs
3. Vitamins and minerals

This is the newsletter that started it all! The response to it encouraged us to learn more about menopause and to share our knowledge with other women through support groups, workshops and, now, this manual.

MENOPAUSE AND ESTROGEN

Estrogens (one of the female sex hormones) have been prescribed for certain menopausal symptoms like 'hot flashes' for more than 35 years. This treatment is called Estrogen Replacement Therapy (ERT). In the last 10 years the use of estrogen has almost tripled as millions of women have been encouraged to take this hormone as a cure for all the problems associated with aging. This promise of a 'fountain of youth' for every woman has made the drug industry $80 million a year richer.

Menopause or the 'change of life' is that period in a woman's life when menstruation stops. This usually happens to women between the ages of 40 to 55 years. As a woman approaches menopause, her ovaries stop producing a monthly egg and there is a decline in the secretion of the hormones, estrogen and progesterone. These hormonal changes mean that women will no longer be able to have children and they might experience some uncomfortable physical symptoms. So far, the only symptoms that are clearly linked to menopause are 'hot flashes,' and a decrease of moisture and elasticity of the vagina called atrophy.

Symptoms of Menopause

A 'hot flash' is a wave of heat lasting from a few seconds to a minute. It travels from the chest to the neck and head. It is sometimes accompanied by red blotches. They can occur ten to twenty times daily, are very common at night and may disturb sleep. Flashes can recur for only a few weeks or they may continue for years. In most cases, they stop within a year or two. Researchers are not sure if a lack of estrogen causes the 'hot flashes,' but they do know that Estrogen Replacement Therapy (ERT) usually eliminates them.

Doctors are sure that a lack of estrogen can lead to atrophy of the vaginal walls in *some* postmenopausal women, generally ten to twenty years after menstruation stops. The vagina becomes less elastic, its lining grows thinner, and vaginal secretions and lubrication decreases. Burning, itching and pain during intercourse accompany these changes. Vaginal atrophy can be helped with ERT either orally, by injection, or by a vaginal cream or suppository. Local treatment is probably safer, because less estrogen may be absorbed into the system.

No more than 50% of menopausal women experience 'hot flashes,' and even less experience atrophy of the vagina.

ESTROGEN AND CANCER

Three studies published last year indicated that women who take estrogens are more likely to develop cancer of the uterine lining (endometrium) than women who do not.

The normal risk of endometrial cancer in post-menopausal women who still have a uterus is one case per 1000 women per year. With regular estrogen use, the risk grows to four to eight cases per 1000 women per year. That is a greater risk for older women than the risk of breast cancer.

With this recent evidence, caution has become the key word. Women who are candidates for ERT should be aware of these guidelines:

1. Your doctor should take a careful history and do a thorough physical examination including a PAP smear. There are at least three groups of women for whom ERT is not recommended; women who have a history of cancer, recurrent cysts or blood clots. It is usually not prescribed for patients with kidney or liver disease, certain kinds of heart disease, or enlargement of the lining of the uterus. Women who have endometriosis or fibroids usually should not take estrogen.
2. All women on estrogen replacement therapy should be seen by a doctor regularly at six to twelve month intervals.

If you are already taking estrogen for menopause, you can help protect your health by being informed, being careful, and following this advice:

1. Ask your doctor if a trial period without estrogen would be advisable for you, or perhaps a lower dosage would still control your symptoms.
2. Do not begin ERT without carefully weighing what it can do for you as against what it can do to you. Can you learn to live with your symptoms? If you remember they will go away at some point perhaps you can be tolerant.

3. The estrogen regimen that appears least dangerous is 'cyclic administration.' This means that the woman takes estrogen pills for a 20 to 25 day cycle, then stops taking them for five to seven days. This will help avoid possible harmful effects of prolonged, uninterrupted ERT. If more than a year goes by and your doctor has not suggested a trial period without medication, you should suggest it.
4. During ERT, periodic examinations are necessary to check on the effects of the drug, to decide whether the dosage should be changed and to evaluate the need for continuing therapy. If you have vaginal bleeding at any other time than that scheduled for withdrawal bleeding, inform your doctor at once.
5. Be a partner with your doctor in deciding whether ERT should be started and how it should continue. Make sure your doctor explains the risks with the treatment as well as the benefits. If your doctor does not show caution with this potentially dangerous drug, seek the opinion of another doctor.

Information for this newsletter taken from: "Estrogen Therapy: The Dangerous Road to Shangri-La," *Consumer Reports*, Nov. 1976.

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An excellent general book for women about their bodies. No woman should be without a copy.

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Information on Estrogen Replacement Therapy and the social and psychological implications of the middle years.

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Practical information for future middle-aged mothers.

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Women from 25 to 95 talk about sex and aging, male menopause, nutrition, estrogen, and more.

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Eight women doctors provide answers to medical questions which affect middle-aged women. The section on sex at menopause is especially helpful.

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Seaman, Barbara and Gideon Seaman, M.D. *Women and the Crisis in Sex Hormones.* New York: Bantam Books, 1978. Paperback.
The most comprehensive information on the side effects of estrogen and birth control methods, and wholesome remedies for menopause symptoms.

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An excellent book.

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Information about vitamin therapy, herbs, and diet by a naturopath. Available in health food stores.

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"Women and Estrogens," *FDA Consumer*, April 1976.
Dr. J. Richard Crout, director of FDA's Bureau of Drugs, discusses estrogens.

SOURCES FOR INEXPENSIVE PAMPHLETS, ETC.
Write for Information

American Cancer Society, 839 Paseo de Peralta, Santa Fe, NM 87501
"How to Examine Your Breasts" free pamphlet
"How to Examine Your Breasts" loan film
"Women in Their Middle Years" loan film

Do It Now Foundation, Institute for Chemical Survival, P.O. Box 5115, Phoenix, AZ 85010
"Valium and Librium: The Pharmaceutical War Against Anxiety"
Most used (and most abused) tranquilizers. Often prescribed for menopausal women.

Feminist Health Works, 487-A Hudson St., New York, N.Y. 10014
"Herbal Remedies for Women"

HealthRight, Women's Health Forum, 175 Fifth Ave., New York, NY 10012
"The Gyn Check-up"
"Health Story" (a personal medical record)
"Infections of the Vagina"
"Menopause"
"What Can One Woman Do?" (3 ways to get better care)

International Institute of Natural Health Sciences, P.O. Box 5550, Huntington Beach, CA 92646
"Menopause," by Dr. Kurt W. Donsbach, naturopath

National Women's Health Network, Parklane Building, 2025 I St. N.W., Washington, D.C. 20006
"Menopause"
"Hysterectomy"
"Birth Control"
"Sterilization"

Montreal Health Press, P.O. Box 1000, Station G, Montreal, Quebec Canada H2W 2N1
"Birth Control Handbook"

Physician's Art Service, Inc., 343B Serramonte Plaza Office Center, Daly City, CA 94015
"Contraception? Facts on Birth Control"

51

San Francisco Women's Health Center, 3789 24th St., San Francisco, CA 94114
"Menopause"
"Menopausia" (in Spanish)

55